## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

	1990	EMISION	CONFORMIONS		
DOCUI	MENT # P950	00065340 (8	3)		
MERC	CHANT SERVICES AND SY	(SEMS. INC.			
***************************************				) <u> </u>	H BANK BEHE BAR BURD INK FIRK BOK HAD
Principal Place	of Business	Mailing Address			
1421 TYLER STREET		1421 TYLER STREET			
HOLLYWOOD FL 33020		HOLLYWOOD FL 330	20	· ·	
				3. Date Incorporated or Qualified 08/23/1995	3a. Date of Last Report
<del></del>		2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-4629935	Not Applicable
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	- \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability or in	
24	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes  10. Name and Address of New R	
	<b>Y</b> .		81 Name	7	
CORPO	ORATION SERVICE COMPANY		82 Street Addr	TESS (P.O. Box Number is Not Acceptable	JB4R
4281 HAYS STREET			lu '		
TALLAHASSEE FL-92301-9525			83		
			84 City		85 Zip Code
44 Durament	to the are fairne of Castions COZ OF	00 1 007 +500 Fir-id- Out 4	<u> </u>	DUYWOOD	FL   33020
or register	ed agent or both, in the State of Flo	rida. Such change was authorize	es, the above-hamed corpor ed by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	cose of changing its registered office interest as registered agent. I am
	in, and accorpt the onligators of sec	ction 607.0505, Florida Statutes			11-24-01
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NO	TE: Registered Agent signature require	d when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PIVITIS	DELETE	1. 1 TF LE		Change Addition
NAME CIRCEL ADODESC	MICHAGE G. GONBER 1421 TYLER STREET		1.2 NAME		33
STREET ADDRESS CITY-ST-ZIP	1000000 To 33020		1.3 STREET ADDRESS		Ŋ
1ITLE	2046042	DELETE	2. 1 TITLE		Change Addition
NAME			2 2 NAVIE		<u></u>
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change
NAME			4.2 NAME		Change   Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE	<u> </u>	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		- Devere	5.4 CITY-ST-ZIP	<del>*************************************</del>	
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME OTDEET ADDRESS			6 2 NAME		
STREET ADDRESS CITY-ST-ZIP			63 STREET ADDRESS		į
		with this films is valuatorily furni	64 CITY - ST - ZIP	or the exemption stated in Section 119.0	2707/A Florido Osta Aco 14 Abor

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

×4-24-96

305-927-1914 Daytme Phone #